

Turnover Reinterpreted

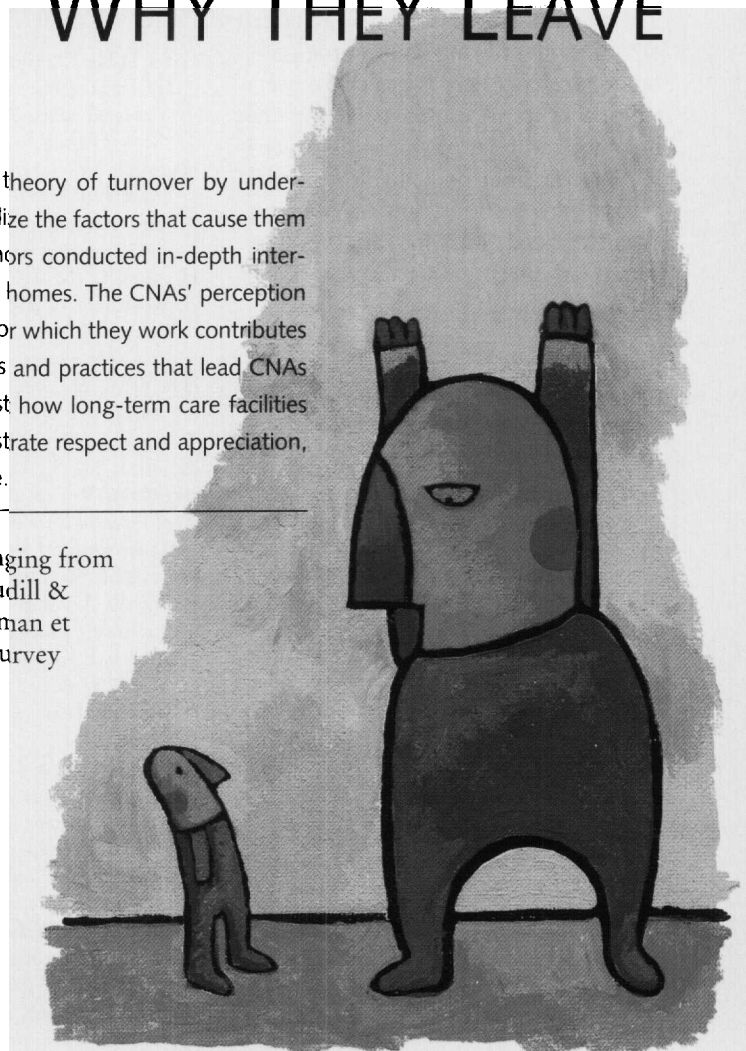
CNAS TALK ABOUT WHY THEY LEAVE

ABSTRACT

This study's purpose was to contribute to the development of a theory of turnover by understanding how CNAs employed in long-term care facilities conceptualize the factors that cause them to leave their jobs. Using grounded dimensional analysis, the authors conducted in-depth interviews with CNAs currently and formerly employed by three nursing homes. The CNAs' perception that they are unappreciated and undervalued by the organizations for which they work contributes significantly to turnover. The origins of this perception lie in policies and practices that lead CNAs to feel personally and professionally dismissed. The authors suggest how long-term care facilities might change their staffing and personnel policies to better demonstrate respect and appreciation, thus reducing turnover and enhancing the quality of work and care.

Estimates show that close to 90% of direct patient care in nursing homes is provided by certified nursing assistants (CNAs) (Institute of Medicine, 1986; Waxman, Carner, & Berkenstock, 1984). Consequently, keeping a full staff of CNAs is crucial to providing high quality care. Nursing home administrators have long identified turnover among CNAs as one of the most important issues they face (Pecarchik & Nelson, 1973; Tynan & Witherell, 1984; Wagner, 1998). In the 1980s, studies in different regions of the United States showed rates of

yearly turnover ranging from 40% to 400% (Caudill & Patrick, 1991; Waxman et al., 1984). A 1997 survey estimated that the average annual turnover rate for CNAs was 93% (Wagner, 1998). Long-term care researchers and nursing home administrators maintain that such high rates of turnover can have



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adverse effects on staff morale, cost, and the quality of care delivered to residents (Banaszak-Holl & Hines, 1996; Caudill & Patrick, 1991; Rubin & Shuttlesworth, 1986; Schwartz, 1974; Stryker, 1981; Wagnild, 1988).

This study is part of a larger project exploring caregiving and perceptions of quality in several long-term care settings in the United States. Like most facilities around the country, the nursing homes studied had high turnover among CNAs, with rates ranging from 85% to 110% per year. In interviews, caregivers and care recipients alike cited turnover as a factor that negatively affected the quality of care. The importance and apparent intractability of the problem led to the examination of turnover among CNAs in greater depth. Although facility administrators speculated that turnover was primarily caused by the nature of the work, specifically, to its difficulty and low pay, the authors found the difficulty of the work and low pay were not the main determinants of CNAs' decisions to leave, as identified by CNAs themselves. In fact, many CNAs leave one nursing home to take jobs in other nursing homes or to work for home care agencies in which the work is equally difficult and the pay comparable.

The current research shows the factor that most influenced turnover was the widespread perception among CNAs that, despite what administrators might say, CNAs were not appreciated or valued by the organization. In-depth interviews located the origins of this perception in organizational policies and practices that led CNAs to feel personally and professionally dismissed.

LITERATURE REVIEW

The literature defines turnover as the voluntary termination of employment by the employee, usually (but not always) within a short period of time after being hired (Halbur & Fears, 1986; Schwartz, 1974). Research about turnover often has focused on identifying those employees most likely to leave, uncovering their reasons for leaving, and suggesting ways to remedy the problem.

Investigations into the causes of turnover among CNAs have conceptualized two general categories of factors: intrinsic and extrinsic (Banaszak-Holl & Hines, 1996). The intrinsic factor category includes attributes and characteristics related to CNAs' biographies—their demographics, knowledge, and attitudes. Studies of these factors have shown turnover is more common among younger, better-educated CNAs who have a history of short-term employment in previous positions (Bergman, Eckerling, Golander, Sharon, & Tomer, 1984; Wallace & Brubaker, 1982) and among men (Bergman et al., 1984; Caudill & Patrick, 1991-1992). The CNAs who leave their jobs have less intention to make nursing a career, and rank their skill levels lower than do CNAs who stay in their jobs (Caudill & Patrick, 1991-1992).

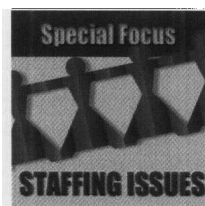
Those who leave find gratification in salary, rather than in relationships with residents and coworkers (Caudill & Patrick, 1991-1992; Garland, Oyabu, & Gipson, 1988; Monahan & McCarthy, 1992), and tend to express greater frustration with the imbalance

between the demands placed on them and their ability to control their work (Banaszak-Holl & Hines, 1996; Monahan & McCarthy, 1992). The CNAs who leave are more likely to express negative attitudes toward nursing homes and less likely to have had experience caring for a relative (Garland et al., 1988). In another study, however, CNAs who left their jobs were more likely to have cared for

a relative. They left nursing home employment when they found institutional conditions made it impossible to recreate the experience of caring for someone at home (Bowers & Becker, 1992).

Extrinsic factors are conceptualized as related to the organizational context of nursing home employment. Turnover is more common in proprietary (i.e., for-profit) homes that pay low salaries and offer few benefits (Pecarchik & Nelson, 1973; Wagnild, 1988). The CNAs are more likely to leave nursing homes that practice a highly centralized, authoritarian management style, which leaves little room for CNAs to make care suggestions (Waxman, Carner, & Berkenstock, 1984).

Other organizational characteristics contributing to turnover include restricted chances for advancement, inadequate training or orientation, inadequate resources to provide care (including chronic understaffing), lack of opportunity to contribute to care planning, and lack of acknowledgement or reward for good work (Banaszak-Holl & Hines, 1996; Caudill & Patrick, 1991-1992; Wagnild, 1988). Turnover also has



been shown to increase when the local economy offers more choices for employment both within and outside the long-term care sector (Banaszak-Holl & Hines, 1996).

Examination of these intrinsic and extrinsic factors has led researchers to the following theory of the "cycle of turnover": Characteristics of individual aides and of the organizational environment interact to reduce CNAs' job satisfaction. As they grow dissatisfied, CNAs begin to leave, thus exacerbating poor working conditions for those who stay and creating further dissatisfaction, which, in turn, causes more staff members to leave (Banaszak-Holl & Hines, 1996; Pecarchik & Nelson, 1973; Stryker, 1982; Wagnild, 1988; Waxman et al., 1984).

Nursing home administrators and researchers have devoted much attention to finding ways to reduce turnover. Most turnover reduction strategies are directed at increasing recruitment efforts, focusing efforts on specific worker characteristics, changing orientation programs, and changing management practices related to CNAs. Examples include:

- Making efforts to increase the size of the candidate pool.
- Seeking to recruit candidates with certain characteristics (e.g., compassion, commitment) (Stryker 1982; Wagner 1998).
- Improving the orientation, training, and supervision of new employees (Stryker, 1982; Tynan & Witherell, 1984).
- Revising personnel policies pertaining to benefits and grievances.
- Reducing the use of personnel pools (Stryker, 1982).
- Reducing the frequency of assignment changes.
- Providing opportunities for CNAs to participate in care planning (Banaszak-Holl & Hines, 1996; Caudill & Patrick, 1991-1992).
- Developing paths to employee leadership and ownership (Wagner, 1998).

Published intervention studies that have used these strategies report some improvement in turnover rates (Stryker, 1982; Tynan & Witherell, 1984).

Although several studies of turnover have focused on the point of view of CNAs, whose decisions to stay or to leave drive turnover rates, most of this research has relied on survey instruments or structured interview schedules for data collection (Caudill & Patrick, 1991-1992; Garland et al., 1988; Monahan & McCarthy, 1992; Wagnild, 1988; Waxman et al., 1984). Though the authors of these studies are to be commended for going to the source to gather information (other studies have sought to understand turnover by speaking with administrators or by using data collected for other purposes), the use of such structured methods may constrain respondents' answers, limiting their responses to those factors pre-selected by researchers. Certainly these methods provide CNAs little opportunity to explain how particular factors influence their decisions to leave their jobs.

METHODS AND DATA COLLECTION

The researchers of this study sought to understand turnover by investigating how CNAs themselves conceptualize the factors that lead them to leave their jobs. The methodological approach used in the research was grounded dimensional analysis, an interpretive methodology combining the basic elements of grounded theory (Glaser & Strauss, 1967; Strauss, 1987) with dimensional analysis (Caron & Bowers, 2000; Schatzman, 1991). Grounded dimensional analysis is used to discover the perspectives of research informants. It is particularly well suited to identifying the linkages between informants' understandings of a phenomenon and their actions in relation to that phenomenon.

The CNAs at three nursing homes participated in the study.

Nursing home size ranged from 137 to 166 beds. Two facilities were urban, one rural; two were for-profit enterprises, one was non-profit. All were located in the midwestern region of the United States. Invitations to participate in the study were mailed to CNAs currently or formerly employed at the three facilities. The invitation packet contained a brief description of the study, an invitation to participate in an individual interview, and a postage-paid return form indicating willingness to volunteer.

Although the nursing home staff mailed the invitations, the researchers provided the enclosed materials, and the volunteer return forms were sent directly to the researchers. Invitations were sent to 169 CNAs. Sixty-seven CNAs indicated a willingness to participate. A total of 41 CNAs were interviewed individually. Of these, 32 were currently employed in the three participating nursing homes and 9 were formerly employed as CNAs in the same homes. Ninety percent of the CNAs interviewed were women, 80% were high school graduates, and their average age was 33.5. Interviews took place at locations away from CNAs' workplaces so their participation would remain confidential. Interviews generally lasted between 45 minutes and 1 1/4 hours.

Interviews conducted early in the process were highly unstructured and open; CNAs were asked to discuss their work. Throughout the data gathering process, general questions were used to initiate interviews. As analyses of early interviews provided the researchers with theoretical direction, however, follow-up questions became much more focused. For example, when early interviews pointed to the role played in turnover by CNAs' belief that they were unappreciated, follow-up questions sought to elucidate what led CNAs to feel unappreciated, as well as what determined how they

responded when they perceived the organization did not appreciate them.

Although recruitment procedures limited the researchers' ability to conduct theoretical sampling of subjects (Glaser & Strauss 1967), comparisons between theoretical dimensions were facilitated using interview questions designed to elicit comparative responses. In addition, the inclusion of long-term employees (24% of the participants had been employed for more than 3 years), new employees (24% had been employed for less than 1 year), and CNAs who had recently left their jobs (22% had left within the past 6 months) provided adequate comparison groups.

Human subjects approval of this research was provided by the Institutional Review Board of the researchers' home institution. After obtaining informed consent from participants, all interviews were taped, transcribed, and analyzed by a research team experienced in the grounded-theory method. Line-by-line dimensional analyses were conducted of the first seven interviews. The remaining interviews were analyzed more selectively, allowing researchers to elaborate the theoretical categories already identified.

FINDINGS

The CNAs participating in this study confirmed the importance of many of the factors described in the literature as causes of turnover. In interviews, CNAs described their dissatisfaction with a range of organizational policies and practices, including staffing policies, absenteeism policies, training and orientation practices, and low compensation. The current analysis revealed, however, that it was not these policies and practices (or the dissatisfaction they provoked) alone that prompted CNAs to leave. The important additional factor was what these policies and practices represented to CNAs—that CNAs were not appreciated or valued by the organization. It was CNAs' interpre-

DISMISSING		
	<i>Minimizing</i>	<i>Leveling</i>
Professional	Devaluation of the work that CNAs do. Failure to recognize their skill and expertise.	Failure to distinguish between CNAs on basis of skill and expertise.
Personal	Disparagement of CNA's character. Belief that they lack integrity, intelligence, and commitment.	Failure to distinguish between CNAs on basis of integrity, intelligence, and commitment.

tation of this underlying message, and the gulf they saw between organizational rhetoric and organizational policy, rather than the policies themselves, that CNAs identified as the reasons they left their jobs.

Further exploration allowed the authors to understand how CNAs interpreted facility policies and practices as evidence that they were not appreciated or valued. The CNAs consistently reported feeling dismissed by the messages embedded in organizational policies and practices. These messages of dismissal took two interrelated forms, minimizing and leveling, and encompassed two domains—the professional and the personal (Sidebar).

Minimizing reflected assumptions made about CNAs as a group. Professional minimizing was a general devaluation of the work the CNAs do, in particular, a failure to recognize the skill and expertise CNAs bring to their jobs and to acknowledge the effect of their work on residents' quality of care. Personal minimizing was a general disparagement of CNAs' character—the belief that they lack integrity, intelligence, and commitment.

Leveling was the result of applying these general assumptions to individual CNAs. Professional leveling occurred when facility managers and supervisors failed to draw distinctions between individual aides based on their varying levels of skill and expertise. Similarly, personal lev-

eling resulted when facility managers and supervisors treated CNAs as indistinguishable from one another in terms of honesty, intelligence, and commitment. Both professional and personal leveling reflected the low opinions of CNAs in the assumptions that defined minimizing. The CNAs believed facility managers and supervisors treated them individually as if they were all unskilled, dishonest, lazy, and stupid.

The CNAs often perceived dismissing (i.e., minimizing and leveling) in the contradictions between organizational rhetoric and everyday practices. Although facility managers and supervisors made rhetorical statements that made claims for the respect and value accorded CNAs, organizational decisions as enacted in actual policies and practices and personal interactions often sent contradictory messages.

To elucidate the dismissing described by CNAs, three examples are used. Two are drawn from organizational policies and one from personal interactions between CNAs and supervisory level staff. The two organizational policies examined are how the organization defines adequate staffing and how it compensates CNAs. These examples were chosen because they show the range and complexity of the behaviors and responses that define dismissing, and because these issues have become central to national policy discussions of long-term care (Institute of

Medicine, 1996). The personal interaction examples were selected to illustrate how even seemingly minor incidents can contribute to CNAs' decisions to leave their jobs.

DEFINITION OF ADEQUATE STAFFING

In the facilities studied, as is common throughout the country, administrators defined adequacy of staffing by calculating staff-resident ratios. They sought to remedy the problem of low staff ratios (i.e., too many residents per staff member) by employing a number of strategies, including rotating staff (i.e., "pulling" staff from fully staffed units to make up staff shortages in other units), use of pool staff, and constant recruitment. Managers believed they were merely addressing the problem of short staffing by using these strategies. The CNAs, however, often saw these management strategies as professionally dismissive. Although this perception may seem unreasonable, it is important to understand how CNAs interpret these strategies as both minimizing and leveling.

When facility managers made decisions to rotate experienced CNAs out of their usual assignments to cover short-staffed units, CNAs felt the decision was a contradiction of the organizational rhetoric, which claimed CNAs' were valued for their experience, skill, and knowledge. The CNAs cited cases where aides had been praised for their work with a particular resident on one day, and rotated the next, effectively disrupting their contact with the resident. By demonstrating a willingness to take an aide away from his or her usual residents, the CNAs believed managers were discounting the way CNAs' skill, experience, and knowledge of the residents contributed to the quality of their care.

In addition, because CNAs defined "good caregiving" as based on the establishment and maintenance of good relationships with res-

idents (Bowers, Esmond, & Jacobson, 2000), CNAs felt any disruption to these relationships was detrimental to the quality of the care provided and the quality of residents' lives. The ease with which organizations decided to rotate staff sent a message to CNAs that, despite what supervisors said, the nature of their work and the depth of their commitment to residents were neither understood nor valued.

The CNAs interviewed for this study perceived organizations' use of pool staff as another form of dismissing. Although pool staff have a range of skill and experience, they often lack familiarity with the residents to whom they are assigned. Use of pool staff reflected leveling because it suggested that management felt CNAs were interchangeable, and minimizing because it failed to acknowledge the skills CNAs use in applying their knowledge of residents to the provision of care. When facility management brought in unfamiliar, temporary help to make up a staffing shortage, the message to regular CNAs was that management was concerned only with the number of workers on the unit (the ratio of workers to residents).

By that reckoning, regular staff and pool staff "counted" exactly the same. The CNAs' familiarity and experience with residents did not factor in the equation. If management understood and valued the importance of familiarity, CNAs reasoned, the calculation would be changed to reflect divergent levels of expertise and familiarity. For example, the organization might make it a policy to replace each missing aide with two pool staff.

The use of rotation and pool staff are examples of what CNAs perceived as the gap between the organization's rhetoric and its practices. Although supervisors, particularly charge nurses, and management often gave CNAs verbal recognition of the importance of their skill, knowledge, experience, and commitment, the same acknowledgement was not

apparent in the management's staffing decisions. To CNAs observing this kind of disparity, actions were more important than words. The message was that the facility did not really value them or recognize their individual strengths. For CNAs, this implicit message cast suspicion on all statements to the contrary.

Efforts to recruit new CNAs were often perceived as professionally dismissive by CNAs already employed by organizations doing the recruiting. The CNAs believed that dismissing was at work when organizations did not screen new CNAs to find "the right kind of person." The CNAs expressed the opinion that management would "take just anyone off the street." This lack of discrimination in hiring practices sent a message to CNAs that management believes that they, too, might as well be "just anyone."

After new CNAs were hired, the training and orientation they described being given by the organization often failed (either through ignorance or design) to present a true picture of the work. When new employees were assigned to units, they often had not been prepared for the amount or type of work required. One aide talked about a common phenomenon with newly hired aides:

And, so they'd be getting a dose [of working on the unit] and lots of them would quit then, because they'd figured out right then, because they'd see the list that we had of residents that we were supposed to be taking care of, and then the care plans, and what we were supposed to do with each resident, and stuff. And that would scare them away...and it's like, we don't even have to say anything, all we had to do is show them the list, and then what we [laughing] have to do during the day.

As this example suggests, "just anyone" usually lacked the expertise and commitment CNAs believed necessary to make a "professional" aide. That organizations counted

such "green" workers as equivalent to experienced CNAs in calculating staff ratios minimized the contributions made by more experienced aides, thereby leveling individual aides.

In contrast to administrators' (and federal and state policymakers') emphasis on identifying and maintaining staff ratios, CNAs' definitions of adequate staffing recognize the varying levels and kinds of skills, knowledge, experience, and commitment. Adequacy in staffing means having a match between these professional attributes and the needs and desires of particular residents. Different residents and varying conditions on different units require different skills, knowledge, and experience. Assuring adequate staffing is about being able to make distinctions among staff to determine which workers are best suited to which jobs and, only then, how many of these particular staff are required to complete the work.

COMPENSATION

Discussions with CNAs revealed they viewed compensation practices as demonstrations of dismissing in both the professional and personal domains. Although facility administrators recognized low wages offered to CNAs adversely affected their ability to recruit and retain workers, they conceptualized the problem as the gap between the amount paid to CNAs and the amount constituting a living wage. In this study, however, the CNAs citing low wages as a reason for leaving tended to do so in the context of contrasting the salary with the professional expertise required by the work. That is, they felt low wages were yet another minimization of the skill, knowledge, experience, and commitment of CNAs, rather than as (solely) a problem of amount. For CNAs, the compensation problem was not just about making a living wage, but about seeing in their wages a reflection of the value of their work.

The leveling impact of compensation was perceived when pay rates made little or no distinction for CNAs' different levels of expertise, commitment, or length of employment. One CNA said:

And this one aide, and I find this just appalling, um, is a very, very good aide. She's been here 16 months, um, she makes 12 more cents an hour than I do. Starting out fresh doesn't...I don't know what I'm, you know, basically don't know what I'm doing, 12 cents an hour more. I think that's terrible.

When no, or only minimal, differences in wages existed for new workers and more experienced workers, or skillful workers and less skilled workers, or those who were doing the work with great commitment and those who were just showing up, CNAs viewed the compensation policy as unfair and indiscriminate, citing it as one more example of dismissing. A similar message was sent when regular CNAs learned that pool staff, whom they perceived as lacking both the commitment and the skill born of familiarity with residents, were paid a higher hourly rate than regular staff.

Unfortunately, as was the case with short staffing, efforts to remedy the compensation problem could backfire. In these facilities, the authors observed that "across-the-board" pay increases did not always have the intended effect of improving morale and retention. Instead, when facility managers and supervisors attempted to address the compensation problem by instituting across-the-board raises, the redress effort was itself perceived by many CNAs as dismissive. Although they welcomed the extra money, some CNAs described feeling "minimized" because the raise implied that they were motivated solely by money. Additionally, an across-the-board increase was perceived as leveling because it did not acknowledge and reward individual differences in performance and expertise.

The CNAs had similar reactions when administrators turned to non-monetary forms of group acknowledgement (e.g., special meals, facility parties, movie passes), or "herd" recognition. As they did with pay increases, CNAs focused on the indiscriminate nature of the reward, noting that when something was given both to those who "go the extra mile" and those who are "just showing up," it lost all meaning. One CNA said:

We, everybody got this [pizza restaurant] coupon.... You know, yeah, it was kinda nice to get.... But then, you know, everyone got one, you know? And maybe there are people on the team that really shouldn't have gotten one...and so it really doesn't mean anything...to the other people.

Perhaps compensation, more than any other issue, demonstrated the gulf in perception between facility administrators and CNAs. While administrators were likely to perceive the wage problem as one of "not enough"—a problem to be solved by increasing the amount—CNAs were more likely to view the issue as one of symbolic appreciation and of equity. When CNAs viewed wages and other rewards as symbols of their absolute and relative worth, an across-the-board salary increase was an overly simplistic solution. It solved one problem, but created others.

PERSONAL INTERACTIONS WITH SUPERVISORS

Kruzich and Clinton (1990) reported that the quality of relationships between CNAs and their charge nurses affects residents' perceptions of the care they receive. The present study found that supervisory relationships were also central to the problem of turnover. The CNAs reported many instances when interactions with charge nurses and other supervisory personnel led them to feel personally and professionally dismissed. For example, it was common to hear stories in which CNAs

felt supervisory personnel treated them as nonentities, such as:

From the RN up, they treat us like we're stupid. They have no respect for us at all...they'll walk right past you in the hall, and you'll say hi to them, and it's like they don't even know you're there. They're just like, they ignore us. And to me, that makes me feel like they don't, we're not, we're not appreciated, or they don't care that we're there.

Feeling invisible was both leveling (because it made aides feel they were seen only as "just one of the CNAs") and minimizing (because it implied CNAs, as a group, were not worthy of the courtesy of being addressed by name).

Because charge nurses and other supervisory personnel were CNAs' main points of contact with administration, they were perceived as agents of the organization and their behavior was seen as representative of how the organization viewed CNAs as workers and as people. For CNAs, organizational policies were often confounded with the ways in which they were implemented and enforced. That is, the extent to which a policy was perceived as dismissive was often affected by the nature of the personal interactions accompanying its implementation and enforcement. For example, rules pertaining to resident care might be resented by some CNAs because the way the policies were enforced seemed dismissive. One CNA said:

Well, I mean like not doing something right like forgetting to use a gait belt or forgetting to use a walker in front of somebody. Instead of taking that person aside, she [the supervisor] would yell at them in front of everybody. That's very unprofessional. Very. And I've seen it happen more than once.

DISCUSSION

Some of the factors leading CNAs to leave their jobs have been identified in the literature, and have been categorized as either extrinsic or

intrinsic factors. A popular theory developed to explain turnover is that some interaction between extrinsic and intrinsic factors exists, but the theory fails to develop the relationship. The current research with CNAs who work (or have worked) in long-term care facilities suggests the relationship is best understood by exploring the processes of professional and personal dismissing and the potential gaps between rhetoric and organizational policy.

The theory of turnover derived from an understanding of dismissing and its subprocesses, minimizing and leveling, examines how organizational policies are experienced and interpreted by CNAs. The CNAs hear facility management saying the right things (e.g., "we value you and your expertise"), but this rhetoric is belied by CNAs' daily experiences as workers, and human beings, in the organization. The messages they perceive in this dissonance are demeaning and mutually reinforcing. In myriad ways, management decisions show CNAs that their work is unimportant and they are indistinguishable and easily replaced.

An understanding of dismissing dissolves the distinction between intrinsic and extrinsic factors. The importance of extrinsic conditions lies in CNAs' experiences. The authors suggest that extrinsic factors, such as organizational policies, act both directly and indirectly to affect CNAs' decisions to leave. Policies may make the work more difficult or less rewarding directly. Indirectly, organizational policies may create conditions in which CNAs are more likely to "take it personally." When CNAs perceive the organization neither respects nor values their work, any unpopular policy may be interpreted as demonstrating a lack of appreciation and can become a reason to leave.

The CNAs' negative examples reveal that breaking the cycle of turnover requires creating a human environment in which rhetoric and

practice are congruent. They want to feel respected and that they are being treated fairly. Respect and fairness can be demonstrated both through organization policy and interpersonal interactions. In particular, CNAs want tangible evidence that their individual expertise and commitment are recognized and valued by supervisors and administrators.

IMPLICATIONS

The findings from this study have important implications for the way administrators and supervising nurses relate to and make decisions related to CNAs. For example, when determining staffing levels, nursing home administrators might consider CNAs' definitions of adequate staffing. This would result in the reduction or elimination of rotation as a strategy to "cover" a unit that is not adequately staffed. In addition, the use of pool staff must be carefully reconsidered, perhaps requiring more creativity in the use of internal pools and recalculating the value of external pool staff, such as using a one-regular-staff to two-pool-staff replacement ratio. Such a calculation explicitly acknowledges the value of training and experience and, at the same time, leads to better care.

The results of this study also suggest wage scales be revised to demonstrate a logical articulation between compensation and value. First, the lowest wage offered CNAs must be a living wage. On top of this basic salary, facility managers and supervisors might offer raises and bonuses based on individual contribution, and eliminate or reduce the use of herd acknowledgment. Finally, nursing homes must develop a culture of respect, one in which CNAs' work is understood and valued at all levels of the organization, and in which it becomes unacceptable for supervisors or administrators to demean or humiliate their colleagues. Staff nurses acting as direct or indirect supervisors can help build this culture of respect

by influencing both the organizational policies described in this article and the general tone of interactions on their units.

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KEYPOINTS

TURNOVER: WHY CNAs LEAVE

Bowers, B.J., Esmond, S., Jacobson, N. **Turnover Reinterpreted: CNAs Talk About Why They Leave.** *Journal of Gerontological Nursing*, 2003, 29(3): 36-43.

- 1 The CNAs in this study, both those employed and those who had left, felt generally undervalued and unappreciated by the organization in general and by their supervisors in particular.
- 2 The CNAs described how organizational policies and practices are based on beliefs that CNAs are all the same, discounting important differences among front line staff.
- 3 Strategies for determining staffing levels and reward systems for CNAs reflect a general lack of respect for CNAs and the work they do.
- 4 Interactions between CNAs and their supervisors frequently demonstrate to CNAs the lack of respect that others have for them.

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